## **Application Data Sheet**

#### **Application Information**

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?::

Application number:: Filing Date:: 4/14/04 Application Type:: Regular Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: None Number of CD disks:: Number of copies of CDs:: Sequence submission?:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Title :: Recombinant Reverse Transcriptases Attorney Docket Number:: AMBI:1001 Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: 1 Total Drawing Sheets:: 7 Small Entity?:: Yes Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency::

No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Liangjing

Middle Name::

Family Name:: Chen

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 1912 Coats Circle

City of mailing address:: Austin

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 78748

# **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name:: A.

Family Name:: Setterquist

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 3704 Lost Oasis Hollow

City of mailing address:: Austin

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 78739

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gary

Middle Name:: J.

Family Name:: Latham

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 10904 Mint Julep

City of mailing address:: Austin

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 78748

Correspondence Customer Number ::	34725
Name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Phone number::	
Fax Number:	
F-Mail address	

**Correspondence Information** 

4/19/2004

Representative Information		
Representative Customer Number::	34725	

-OR-

Representative Designation::	Registration Number::	Representative Name::
		4

Domestic Priority Information				
Application ::	Continu	uity Type::	Parent Application::	Parent Filing Date:
F D. W. L.C.				
Foreign Priority Information				
Country::	Application number:		Filing Date::	Priority Claimed::
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Analamaa lufawaati	<del>.</del>	1		
Assignee Information				<u>.</u>
Assigned name:		Ambien Inc	· · · · · · · · · · · · · · · · · · ·	
Assignee name:: Street of mailing address::		Ambion, Inc. 2130 Woodward Street		
City of mailing address::		Austin		
		TX		
State or Province of mailing address::  Country of mailing address::		US		
Postal or Zip Code of mailing address::		78744-1832		<del></del>
		70744-1002		